



# **Kansas Medical Assistance Program: Fee-For-Service Program Assessment**

## **State Fiscal Year 2015**

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## Table of Contents

<b>Introduction .....</b>	<b>2</b>
<b>Claims Totals .....</b>	<b>2</b>
Overall Program Totals.....	3
TXIX Program Totals .....	4
ADAPD Program Totals.....	4
MKN Program Totals .....	5
Share of FFS Claims and Claims Cost .....	6
Comparison of Share of FFS Claims and Claims Cost Post-KanCare.....	7
<b>Drug Classification Reporting.....</b>	<b>8</b>
FFS Top Therapeutic Drug Classes.....	9
ADAPD Top Therapeutic Drug Classes .....	11
TXIX Top Therapeutic Drug Classes .....	12
MKN Top Therapeutic Drug Classes .....	13
Therapeutic Drug Classes Trend Summary Analysis .....	14
Abilify® Trend Summary .....	14
Abilify® Oral Trend Summary .....	15
Abilify® Injectable Trend Summary .....	16
Aripiprazole Oral Trend Summary.....	17
Antipsychotics Trend Summary.....	18
<b>Conclusion .....</b>	<b>19</b>
<b>Appendix A – Drugs by Class.....</b>	<b>20</b>

## List of Tables and Figures

Table 1: FFS Program Summary for SFY 2015 Compared to SFY 2014. ....	2
Table 2: Top 20 FFS Therapeutic Drug Classes Based on Number of Claims .....	9
Table 3: Top 20 FFS Therapeutic Drug Classes Based on Claims Cost .....	10
Table 4: Top 5 ADAPD Therapeutic Drug Classes Based on Number of Claims .....	11
Table 5: Top 5 ADAPD Therapeutic Drug Classes Based on Claims Cost .....	11
Table 6: Top 5 TXIX Therapeutic Drug Classes Based on Number of Claims .....	12
Table 7: Top 5 TXIX Therapeutic Drug Classes Based on Claims Cost .....	12
Table 8: Top 5 MKN Therapeutic Drug Classes Based on Number of Claims .....	13
Table 9: Top 5 MKN Therapeutic Drug Classes Based on Claims Cost .....	13
Table 10: Abilify® Trend Summary .....	14
Table 11: Abilify® Oral Trend Summary .....	15
Table 12: Abilify Injectable Trend Summary .....	16
Table 13: Aripiprazole Trend Summary .....	17
Table 14: Antipsychotic Agents Trend Summary .....	18
Table 15: Past Years' Totals .....	19
 Figure 1: All FFS Users, Claims, and Claims Cost per Month for SFY 2015.....	3
Figure 2: TXIX Users, Claims, and Claims Cost per Month for SFY 2015 .....	4
Figure 3: ADAPD Users, Claims, and Claims Cost per Month for SFY 2015 .....	4
Figure 4: MKN Users, Claims, and Claims Cost per Month for SFY 2015 .....	5
Figure 5: ADAPD, TXIX, and MKN Share of SFY 2015 FFS Claims .....	6
Figure 6: ADAPD, TXIX, and MKN share of SFY 2015 FFS Claims Cost .....	6
Figure 7: ADAPD, TXIX, and MKN Share of FFS Claims for SFY 2014 versus SFY 2015 .....	7
Figure 8: ADAPD, TXIX, and MKN Share of FFS Claims Cost for SFY 2014 versus SFY 2015 .....	7
Figure 9: Abilify® Claims Cost Compared to Claims .....	14
Figure 10: Abilify® Oral Formulation Claims Cost Compared to Claims.....	15
Figure 11: Abilify Maintena® Claims Cost Compared to Claims.....	16
Figure 12: Aripiprazole Claims Cost Compared to Claims.....	17
Figure 13: Antipsychotics Claims Cost Compared to Claims.....	18

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## Introduction

This *Program Assessment* report prepared for the Kansas Medical Assistance Program (KMAP) provides analysis of trends in drug utilization for KMAP in State Fiscal Year (SFY) 2015. Included in the analysis are the overall drug claims and expenditures, as well as claims and expenditures broken down by program type and therapeutic drug class.

This analysis identifies where changes in utilization and/or expenditures occurred during the past SFY to help KMAP identify areas in which management and/or interventions may be useful for the fee-for-service (FFS) beneficiaries.

On January 1, 2013, the majority of FFS members were transitioned to KanCare and enrolled in one of three managed care organizations (MCOs). Comparing SFY 2014 and SFY 2015, the number of FFS claims, claims cost, and members continued to decrease as coverage under the MCOs increased.

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## Claims Totals

SFY 2015 includes FFS beneficiaries enrolled in the AIDS Drug Assistance Program (ADAPD), MediKan (MKN), and Title 19 Medicaid (TXIX).

**Table 1** contains the FFS summary of totals for SFY 2015 (July 1, 2014 – June 30, 2015) compared to SFY 2014 (July 1, 2013 – June 30, 2014).

	SFY 2015	SFY 2014
Total Expenditures	\$9,911,032	\$14,678,118
Total Claims	47,098	52,343
Total Members	11,193	9,717
Total Users	2,428	2,491
Cost Per Member	\$886	\$1,511
Cost Per User	\$4,082	\$5,892
Cost Per Claim	\$210	\$280

**Table 1: FFS Program Summary for SFY 2015 Compared to SFY 2014.**

For dates of service from July 1, 2014 through June 30, 2015 (SFY 2015), KMAP paid just over 47,000 prescription claims for FFS members and paid nearly \$10 million (rebates not included) to retail pharmacies for KMAP prescriptions. Compared to SFY 2014, there was a 32% reduction in total expenditures and 10% reduction in total claims, while total users remained steady. The cost per claim decreased slightly by roughly \$70 per claim (25%).

## Overall Program Totals

Several member eligibility types remain in FFS. The three main types with pharmacy coverage include Title 19 (TXIX), MediKan (MKN), and AIDS Drug Assistance Program (ADAPD).

### FFS Program Types

**TXIX**, or Medicaid, is the health insurance program that helps low income people pay for health services including preventative, primary, and acute health services for individuals, children, and families.

**Note:** *Most TXIX beneficiaries are assigned to one of the KanCare (KC) MCOs, but specific system designed logic exists that will exclude a beneficiary from being assigned to an MCO completely or for a particular time period. Exclusions are typically related to the type of eligibility, living arrangement type, or timing of retroactive eligibility.*

**MKN** is the state-funded health insurance program for adults 18 years or older and covers fewer services than Medicaid.

**ADAPD** is the program that covers the cost of medications dispensed by a retail pharmacy for those enrolled individuals who have AIDS or are HIV positive.

Figure 1 shows the number of users, claims, and claims cost for all of FFS by month for SFY 2015.

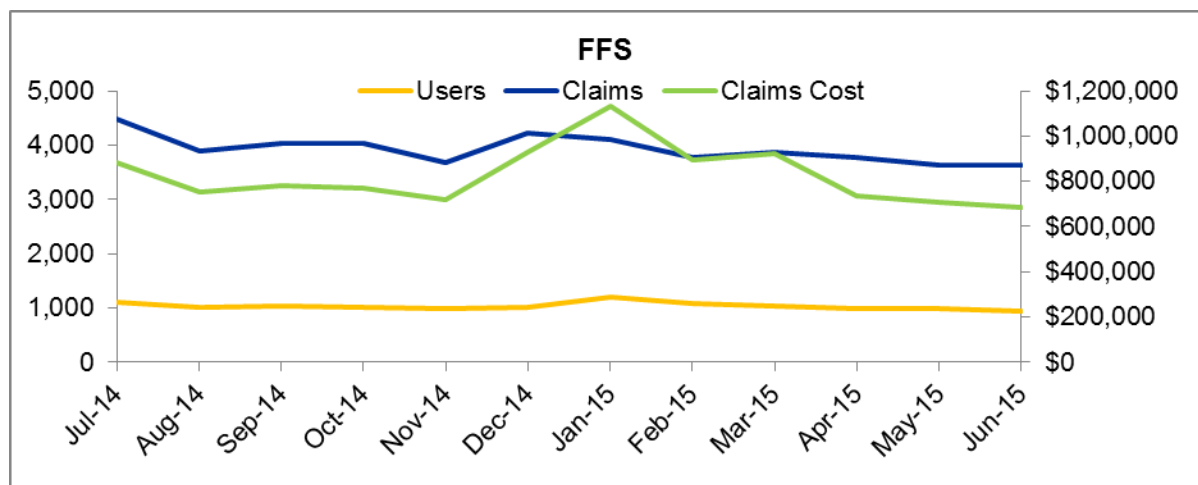
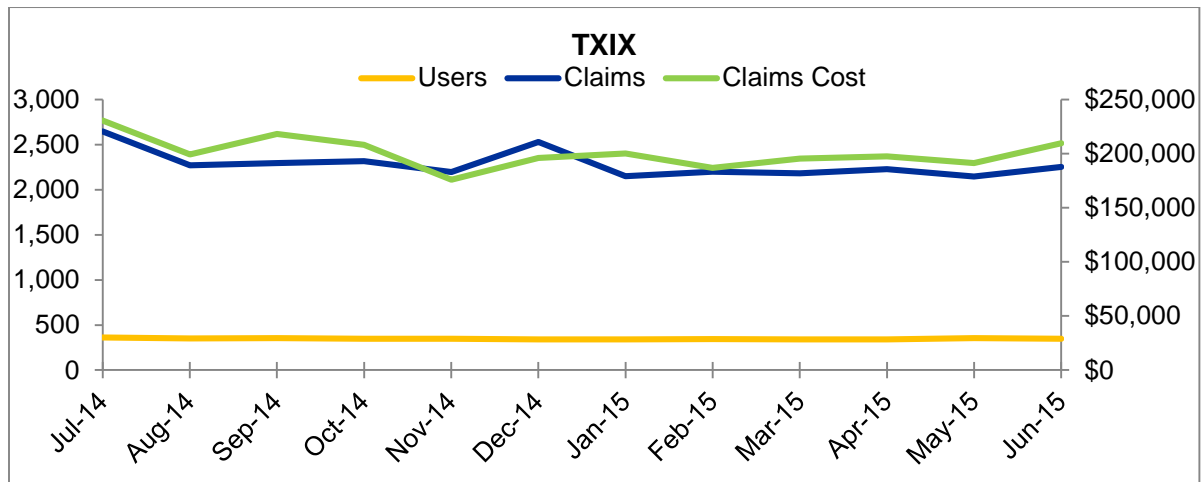


Figure 1: All FFS Users, Claims, and Claims Cost per Month for SFY 2015

In SFY 2015, the number of claims and claims cost per month varied from July 2014 to June 2015. Total users remained steady throughout the fiscal year. There was marked variability in claims cost, with a spike in January 2015. A review of claims data did not identify any specific causes for this change.

## TXIX Program Totals

**Figure 2** shows the number of users, claims, and claims cost for TXIX by month for SFY 2015.

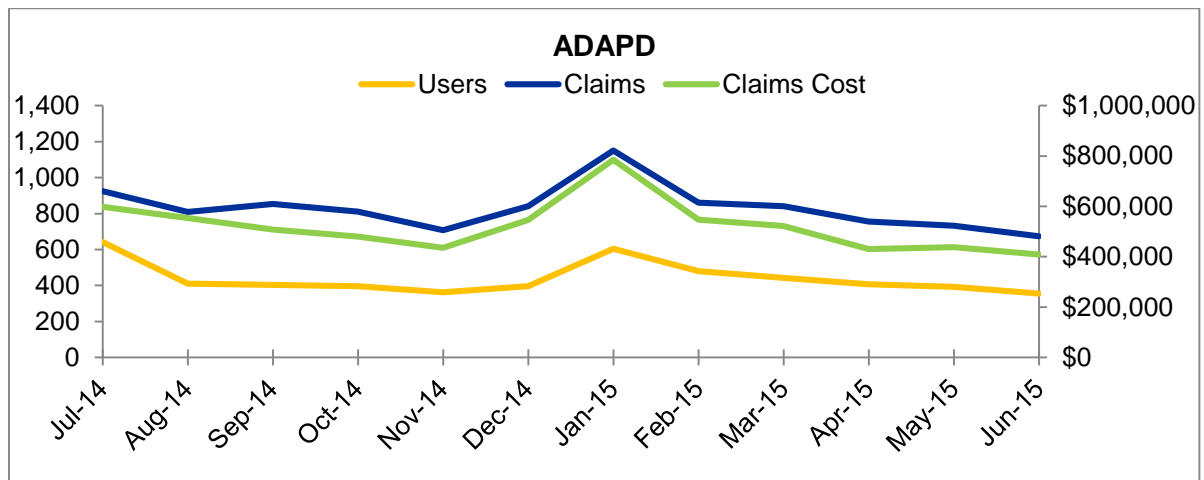


**Figure 2: TXIX Users, Claims, and Claims Cost per Month for SFY 2015**

For TXIX, the number of claims, users, and claims cost remained fairly steady during SFY 2015. In September and October of 2014, one recipient received therapy with Afinitor®, a medication with a claims cost of over \$10,000 per month. This likely accounted for the increased claims cost compared to number of claims seen earlier in the fiscal year.

## ADAPD Program Totals

**Figure 3** shows the number of users, claims, and claims cost for ADAPD by month for SFY 2015.

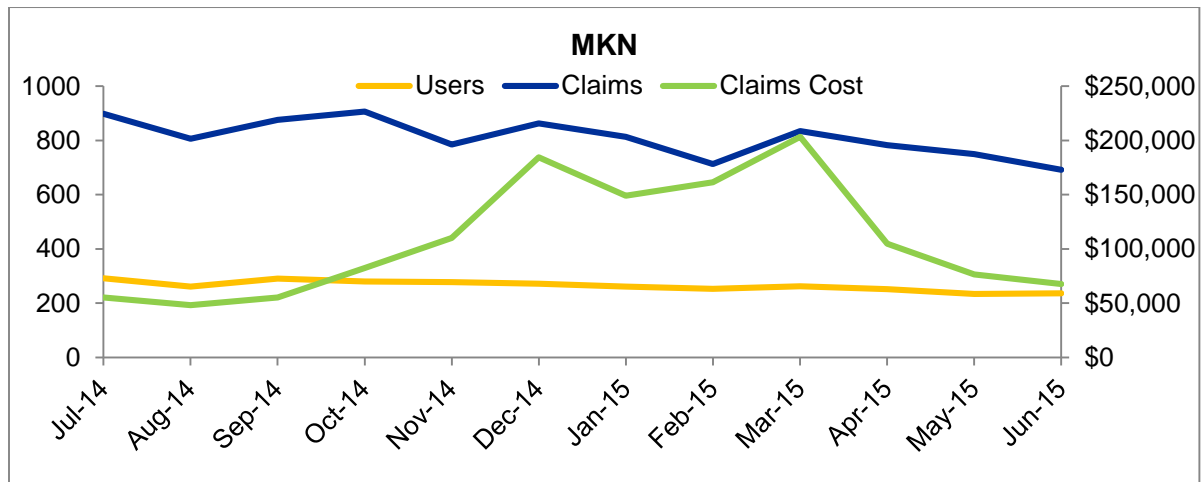


**Figure 3: ADAPD Users, Claims, and Claims Cost per Month for SFY 2015**

The number of users, claims, and claims cost decreased overall during SFY 2015. There was a sharp change around January 2015, where claims and claims cost increased dramatically. This is likely a ripple effect from increased users (almost 300 new beneficiaries).

## MKN Program Totals

**Figure 4** shows the number of users, claims, and claims cost for MKN by month for SFY 2015.

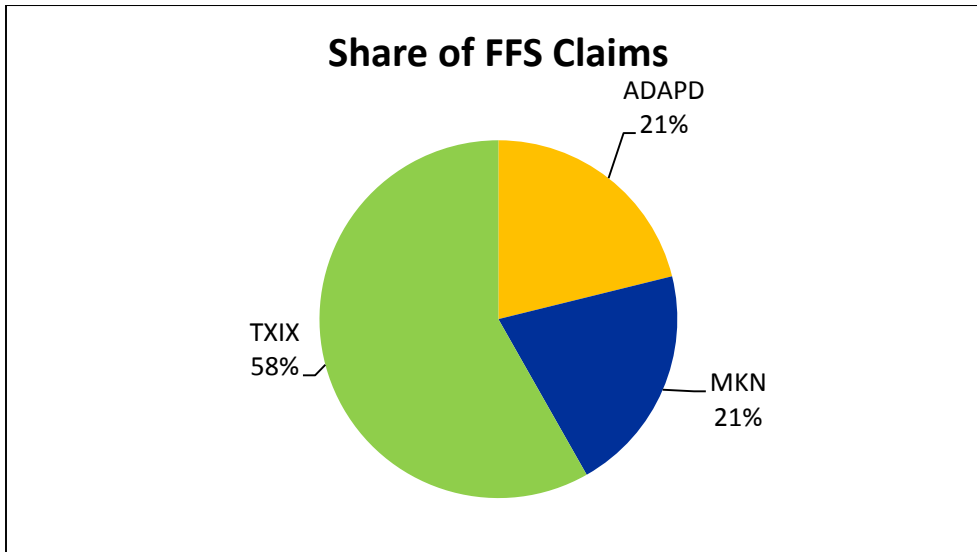


**Figure 4: MKN Users, Claims, and Claims Cost per Month for SFY 2015**

The MKN claims cost increased through the fiscal year, starting in November 2014, due to the hepatitis C therapy (Harvoni®), where use peaked in March 2015 with five beneficiaries on active treatment. Once therapy was complete, costs returned to levels seen at the beginning of the fiscal year.

## Share of FFS Claims and Claims Cost

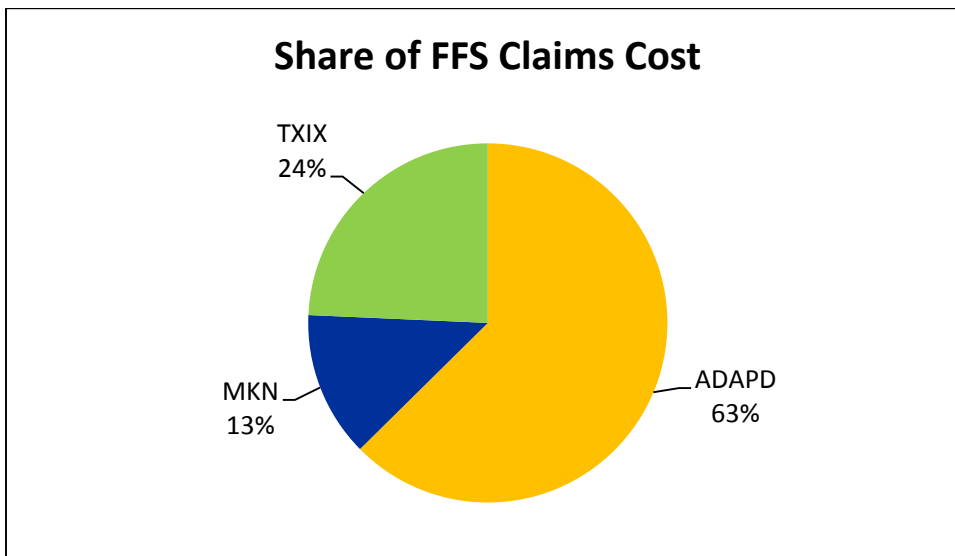
**Figure 5** shows share of FFS claims for ADAPD, TXIX, and MKN for SFY 2015.



**Figure 5: ADAPD, TXIX, and MKN Share of SFY 2015 FFS Claims**

During SFY 2015, the TXIX program had 27,418 claims, which accounted for 58% of the 47,098 FFS claims paid. The ADAPD and MKN programs accounted for 21% each.

**Figure 6** shows the share of FFS claims cost for ADAPD, TXIX, and MKN for SFY 2015.



**Figure 6: ADAPD, TXIX, and MKN share of SFY 2015 FFS Claims Cost**

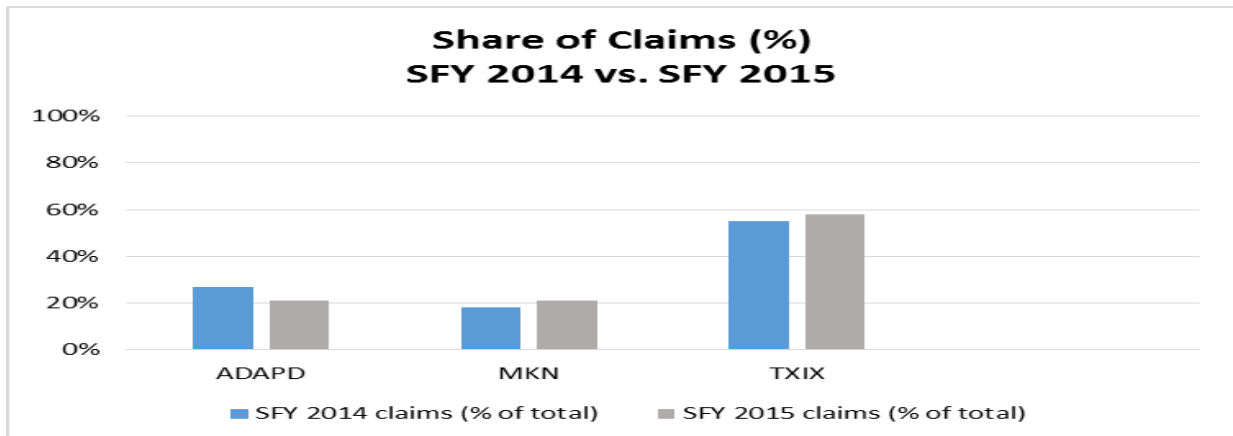
While the ADAPD program only accounted for 21% of the claims paid for FFS, it accounted for 63% of the total claims cost. During SFY 2015, over \$9 million was paid for FFS claims, with over \$6 million going toward ADAPD claims. The TXIX program accounted for over half of the FFS claims paid but only 24% of the claims cost during SFY 2015.



## Comparison of Share of FFS Claims and Claims Cost Post-KanCare

Below are graphical representations of share of claims and claims cost for all FFS programs after the implementation of the KanCare program, where beneficiaries were transitioned to eligible MCO programs for benefits coverage.

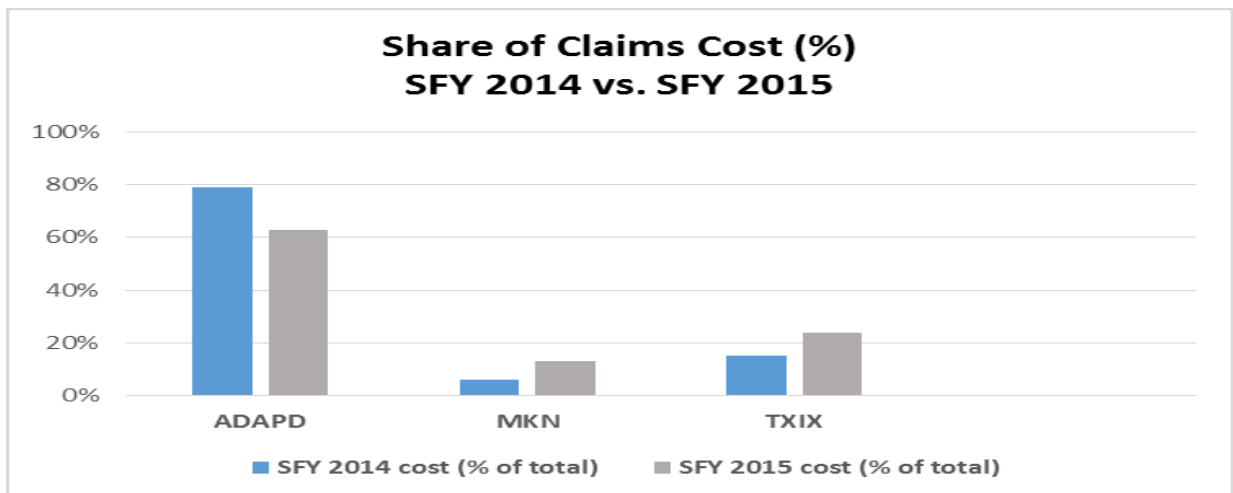
**Figure 7** shows the share of FFS claims for ADAPD, TXIX, and MKN for SFY 2014 and SFY 2015.



**Figure 7: ADAPD, TXIX, and MKN Share of FFS Claims for SFY 2014 versus SFY 2015**

During the past two fiscal years, the TXIX program has continued to provide the highest number and percentage of claims for the FFS program. ADAPD claims decreased slightly, while MKN claims remained fairly consistent.

**Figure 8** shows the share of claims cost of FFS claims for ADAPD, TXIX, and MKN for SFY 2014 and SFY 2015.



**Figure 8: ADAPD, TXIX, and MKN Share of FFS Claims Cost for SFY 2014 versus SFY 2015**

During the past two fiscal years, the ADAPD program has continued to provide the highest percentage of claims cost for the FFS program, although total claims cost in this program decreased from SFY 2014. MKN and TXIX percentage of claims cost increased from SFY 2014.

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## Drug Classification Reporting

It is important not only to report the number of beneficiaries, number of claims, and claims cost by yearly and monthly totals, but also to look at trends by therapeutic drug classes.

Therapeutic drug class reporting is based on the American Hospital Formulary Service (AHFS) Pharmacologic-Therapeutic Classification third hierarchy level. An example of the AHFS classification (for Central Nervous System Agents) is shown below. Reporting is done at the third hierarchy level (antipsychotics in the table below).

AHFS Pharmacologic-Therapeutic Classification Hierarchy Example	
28:00 Central Nervous System Agents	
28:16 Psychotherapeutic Agents	
28:16.08 Antipsychotics*	
28:16.08.04 Atypical Antipsychotics	
28:16.08.08 Butyrophenones	
28:16.08.24 Phenothiazines	
28:16.08.32 Thioxanthenes	
28:16.08.92 Antipsychotics, Miscellaneous	

\*Therapeutic classes are reported at this level.

The number of claims and share of claims for the overall FFS population, as well as the sub-groups, are shown to identify differences in the programs. Likewise, the claims cost and share of claims cost for the different programs are shown to identify differences in program spend.

## FFS Top Therapeutic Drug Classes

**Table 2** reports the top 20 therapeutic drug classes by number of claims for the entire FFS population. See [Appendix A](#) for a list of drugs with utilization in SFY 2015 included in each class. The number of claims used to calculate the share of claims was 47,098.

AHFS Therapeutic Class	Claims	Share of Total Claims (%)	Beneficiaries	Cost/Claim
ANTIRETROVIRALS	8,514	18.08	925	\$713
ANTIPSYCHOTIC AGENTS	5,568	11.82	441	\$291
ANTIDEPRESSANTS	4,062	8.63	677	\$17
ANTICONVULSANTS, MISCELLANEOUS	3,239	6.88	360	\$45
SECOND GENERATION ANTIHISTAMINES	1,887	4.01	232	\$5
HMG-COA REDUCTASE INHIBITORS	1,119	2.38	264	\$13
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS	1,066	2.26	228	\$4
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS	962	2.04	296	\$14
ANTICHOLINERGIC AGENTS (CNS)	957	2.03	168	\$9
BETA-ADRENERGIC BLOCKING AGENTS	930	1.97	115	\$7
BENZODIAZEPINES (ANTICONVULSANTS)	921	1.96	159	\$46
THYROID AGENTS	887	1.88	138	\$11
BIGUANIDES	737	1.57	137	\$4
BENZODIAZEPINES (ANXIOLYTIC, SEDATIV/HYP)	712	1.51	134	\$10
OPIATE AGONISTS	674	1.43	120	\$42
INSULINS	644	1.37	94	\$285
CATHARTICS AND LAXATIVES	609	1.29	87	\$34
PROTON-PUMP INHIBITORS	521	1.11	126	\$10
SULFONAMIDES (SYSTEMIC)	509	1.08	112	\$18
LOOP DIURETICS	486	1.03	274	\$3

**Table 2: Top 20 FFS Therapeutic Drug Classes Based on Number of Claims**

Antiretrovirals made up the highest utilized drug class for the entire FFS population with 18.08% of all FFS claims, followed by antipsychotic agents with 11.82% of all FFS claims.

Antipsychotic utilization and expenditures remained fairly steady throughout SFY 2015. Historically, antipsychotic agents have made up a large portion of the FFS expenditures and utilization. Compared to SFY 2014, the top five medications remained the same for number of claims. Loop diuretics are new to the list for the current fiscal year.

**Table 3** reports the top 20 therapeutic drug classes by *claims cost* for the entire FFS population. The claims cost used to calculate the share of claims cost was \$9,911,032.

AHFS Therapeutic Class	Claims Cost	Share of Total Claims Cost (%)	Beneficiaries	Cost/Claim
ANTIRETROVIRALS	\$6,073,639	61.28	925	\$713
ANTIPSYCHOTIC AGENTS	\$1,621,496	16.36	441	\$291
HCV ANTIVIRALS	\$747,637	7.54	10	\$32,506
INSULINS	\$183,220	1.85	94	\$285
ANTICONVULSANTS, MISCELLANEOUS	\$146,906	1.48	360	\$45
CORTICOSTEROIDS (RESPIRATORY TRACT)	\$91,999	0.93	78	\$294
ANTIEMETICS, MISCELLANEOUS	\$74,154	0.75	48	\$482
ANTIDEPRESSANTS	\$68,236	0.69	677	\$17
ANTIMUSCARINICS/ANTISPASMODICS	\$57,881	0.58	62	\$178
DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS	\$49,040	0.49	14	\$301
ANTINEOPLASTIC AGENTS	\$43,406	0.44	24	\$511
BENZODIAZEPINES (ANTICONVULSANTS)	\$42,439	0.43	159	\$46
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS	\$39,453	0.40	1	\$3,035
NUCLEOSIDES AND NUCLEOTIDES	\$32,922	0.33	83	\$141
ANTICOAGULANTS	\$29,984	0.30	34	\$187
OPIATE AGONISTS	\$28,315	0.29	120	\$42
IMMUNOMODULATORY AGENTS	\$28,051	0.28	1	\$5,610
INTERFERONS	\$27,626	0.28	4	\$3,453
ANTIMUSCARINICS	\$24,355	0.25	28	\$96
CHOLESTEROL ABSORPTION INHIBITORS	\$21,991	0.22	13	\$195

**Table 3: Top 20 FFS Therapeutic Drug Classes Based on Claims Cost**

Antiretrovirals made up the drug class with the highest cost for the entire FFS population with 61.28% of all FFS claims cost, followed by antipsychotic agents with 16.36% of all FFS claims cost.

Also, one new therapy on this list is the disease-modifying antirheumatic agent, adalimumab (Humira®). With one beneficiary on therapy, it was the thirteenth most expensive therapy based on claims cost for SFY 2015.

## ADAPD Top Therapeutic Drug Classes

**Table 4** reports the top five therapeutic drug classes by number of claims for the ADAPD population based on number of claims for SFY 2015. The number of claims used to calculate the share of claims was 9,960.

AHFS Therapeutic Class	Claims	Share of Total ADAPD Claims (%)	Beneficiaries	Cost/Claim
ANTIRETROVIRALS	8,478	85.12	918	\$711
SULFONAMIDES (SYSTEMIC)	372	3.73	121	\$22
MACROLIDES	229	2.30	115	\$26
NUCLEOSIDES AND NUCLEOTIDES	190	1.91	62	\$160
ANTIEMETICS, MISCELLANEOUS	139	1.40	44	\$438

**Table 4: Top 5 ADAPD Therapeutic Drug Classes Based on Number of Claims**

**Table 5** reports the top five therapeutic drug classes by claims cost for the ADAPD population. The claims cost used to calculate the share of claims cost was \$6,252,355.

AHFS Therapeutic Class	Claims Cost	Share of Total ADAPD Claims Cost (%)	Beneficiaries	Cost/Claim
ANTIRETROVIRALS	\$6,026,253	96.38	918	\$711
ANTIEMETICS, MISCELLANEOUS	\$60,845	0.97	44	\$438
NUCLEOSIDES AND NUCLEOTIDES	\$30,315	0.48	62	\$160
AZOLES	\$17,093	0.27	37	\$178
ANTINEOPLASTIC AGENTS	\$15,795	0.25	10	\$632

**Table 5: Top 5 ADAPD Therapeutic Drug Classes Based on Claims Cost**

Antiretrovirals rank as the top utilized and most expensive drug class for ADAPD. Antiretrovirals made up 96.38% of the total claims cost and 85.12% of the total claims for the ADAPD. Expenditures for ADAPD antineoplastic agents were the second most expensive therapy per claim after antiretrovirals for the top five drug classes based on claims cost.

## TXIX Top Therapeutic Drug Classes

**Table 6** reports the top five therapeutic drug classes by number of claims for the TXIX population based on number of claims for SFY 2015. The number of claims used to calculate the share of claims was 27,418.

AHFS Therapeutic Class	Claims	Share of Total TXIX Claims (%)	Beneficiaries	Cost/Claim
ANTIPSYCHOTIC AGENTS	4,919	17.94	230	\$289
ANTICONVULSANTS, MISCELLANEOUS	2,616	9.54	169	\$47
ANTIDEPRESSANTS	2,082	7.59	176	\$25
SECOND GENERATION ANTIHISTAMINES	1,887	6.88	210	\$5
ANTICHOLINERGIC AGENTS (CNS)	920	3.36	95	\$9

**Table 6: Top 5 TXIX Therapeutic Drug Classes Based on Number of Claims**

**Table 7** reports the top five therapeutic drug classes by claims cost for the TXIX population. The claims cost used to calculate the share of claims cost was \$2,409,568.

AHFS Therapeutic Class	Claims Cost	Share of Total TXIX Claims Cost (%)	Beneficiaries	Cost/Claim
ANTIPSYCHOTIC AGENTS	\$1,423,234	59.07	230	\$289
ANTICONVULSANTS, MISCELLANEOUS	\$123,873	5.14	169	\$47
INSULINS	\$73,715	3.06	36	\$214
CORTICOSTEROIDS (RESPIRATORY TRACT)	\$69,218	2.87	30	\$301
ANTIDEPRESSANTS	\$51,650	2.14	176	\$25

**Table 7: Top 5 TXIX Therapeutic Drug Classes Based on Claims Cost**

For the TXIX program, antipsychotic agents made up 17.94% of claims and 59.07% of the claims cost. Historically, antipsychotic agents have always made up a large portion of drug expenditures. Respiratory tract corticosteroids accounted for the most expensive of the top five therapeutic drug classes based on cost per claim.

## MKN Top Therapeutic Drug Classes

**Table 8** reports the top five therapeutic drug classes by number of claims for the MKN population based on number of claims for SFY 2015. The number of claims used to calculate the share of claims was 9,718.

AHFS Therapeutic Class	Claims	Share of Total MKN Claims (%)	Beneficiaries	Cost/Claim
ANTIDEPRESSANTS	1,882	19.37	475	\$8
ANTIPSYCHOTIC AGENTS	649	6.68	215	\$305
ANTICONVULSANTS, MISCELLANEOUS	623	6.41	197	\$37
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS	613	6.31	192	\$2
BETA-ADRENERGIC BLOCKING AGENTS	522	5.37	169	\$5

**Table 8: Top 5 MKN Therapeutic Drug Classes Based on Number of Claims**

Antidepressant agents made up the highest number of claims at 19.37%, followed by antipsychotic agents at 6.68% of claims.

**Table 9** reports the top five therapeutic drug classes by claims cost for the MKN population. The claims cost used to calculate the share of claims cost was \$1,297,750.

AHFS Therapeutic Class	Claims Cost	Share of Total MKN Claims Cost (%)	Beneficiaries	Cost/Claim
HCV ANTIVIRALS	\$747,637	57.61	10	\$32,506
ANTIPSYCHOTIC AGENTS	\$198,262	15.28	215	\$305
INSULINS	\$109,505	8.44	60	\$366
INTERFERONS	\$24,173	1.86	3	\$3,453
ANTICONVULSANTS, MISCELLANEOUS	\$23,032	1.77	197	\$37

**Table 9: Top 5 MKN Therapeutic Drug Classes Based on Claims Cost**

Hepatitis C direct-acting agents accounted for 57.61% of the claims cost for MKN for SFY 2015. Interferon agents were the second most expensive agent, based on cost per claim, for all MKN claims. Interferon agents are commonly used in the treatment of hepatitis C and are, in some cases, used concurrently with the direct-acting hepatitis C agents. All claims were submitted in the first four months of the fiscal year, prior to Harvoni® being available.

## Therapeutic Drug Classes Trend Summary Analysis

Within the list of therapeutic drug classes, there are several classes and specific drugs that are of interest due to the changes in their share of claims or claims cost over the year.

### Abilify® Trend Summary

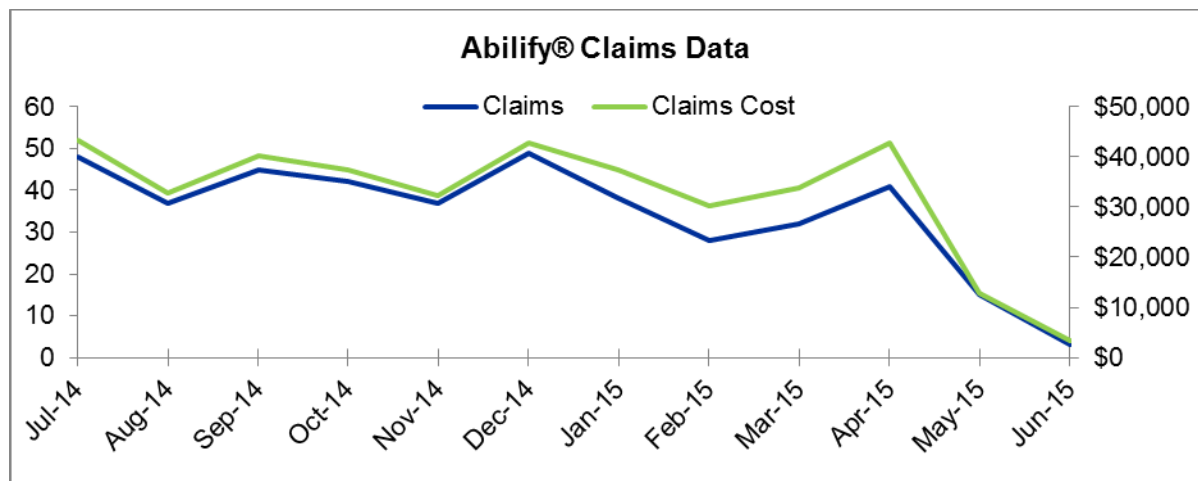
Abilify® is one agent that demonstrates a cost fluctuation during SFY 2015 for the antipsychotic agents. This trend summary applies to Abilify® brand products, including tablets, solution, and injection.

**Table 10** shows the number of beneficiaries, claims, claims cost, and average cost per claim for Abilify® for SFY 2015.

	Beneficiaries	Claims	Claims Cost	Cost/Claim
Jul-14	32	48	\$43,344	\$903
Aug-14	30	37	\$32,859	\$888
Sep-14	34	45	\$40,192	\$893
Oct-14	31	42	\$37,358	\$889
Nov-14	31	37	\$32,394	\$876
Dec-14	35	49	\$42,890	\$875
Jan-15	30	38	\$37,481	\$986
Feb-15	23	28	\$30,292	\$1,082
Mar-15	27	32	\$33,873	\$1,059
Apr-15	32	41	\$42,689	\$1,041
May-15	13	15	\$12,857	\$857
Jun-15	3	3	\$3,469	\$1,156

**Table 10: Abilify® Trend Summary**

**Figure 9** shows claims cost compared to the number of claims for Abilify®.



**Figure 9: Abilify® Claims Cost Compared to Claims**



The number of total Abilify® claims remained steady through most of SFY 2015, with a sudden drop starting in April 2015, when a generic formulation of Abilify® was brought to market. It is likely the cost will remain lower over the next fiscal year as more multi-source products become available. It should be noted this is for the generic oral tablet and solution formulations of aripiprazole only; the injectable formulation is still only available as a single-source branded product. There should be minimal impact on claims cost of the branded injectable form, as currently only one beneficiary is maintained on this therapy, with a claims cost of roughly \$1,660 per month. To further illustrate cost impact, information related to Abilify® oral and injectable claims, as well as generic aripiprazole claims, are presented below.

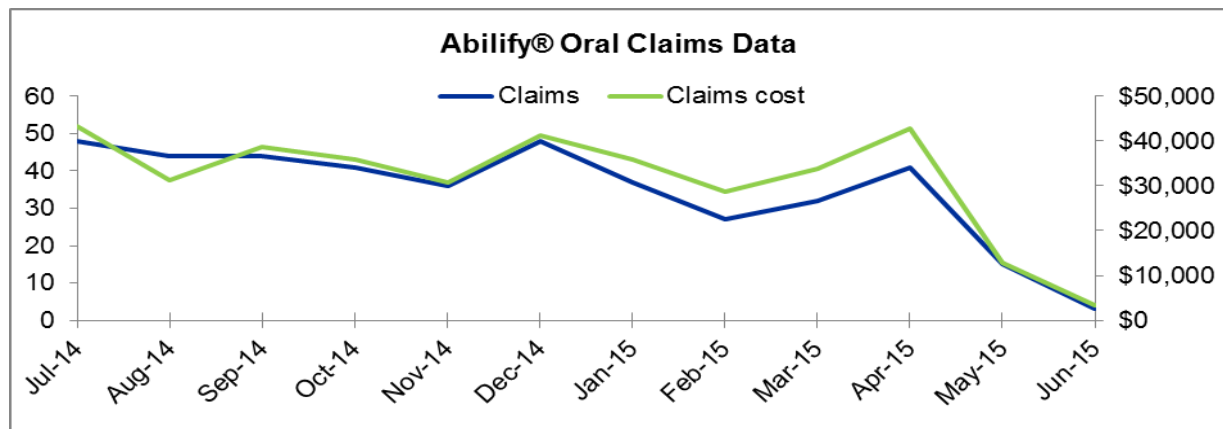
### Abilify® Oral Trend Summary

**Table 11** shows the number of beneficiaries, claims, claims cost, and average cost per claim for Abilify® oral formulations (tablets and solution) for SFY 2015.

	Beneficiaries	Claims	Claim cost	Cost/Claim
Jul-14	33	48	\$43,344	\$903
Aug-14	34	44	\$31,247	\$710
Sep-14	34	44	\$38,580	\$877
Oct-14	31	41	\$35,746	\$872
Nov-14	31	36	\$30,782	\$855
Dec-14	35	48	\$41,277	\$860
Jan-15	30	37	\$35,868	\$969
Feb-15	23	27	\$28,632	\$1,060
Mar-15	27	32	\$33,873	\$1,059
Apr-15	32	41	\$42,689	\$1,041
May-15	13	15	\$12,857	\$857
Jun-15	3	3	\$3,469	\$1,156

**Table 11: Abilify® Oral Trend Summary**

**Figure 10** shows claims cost compared to the number of claims for Abilify® oral products.



**Figure 10: Abilify® Oral Formulation Claims Cost Compared to Claims**

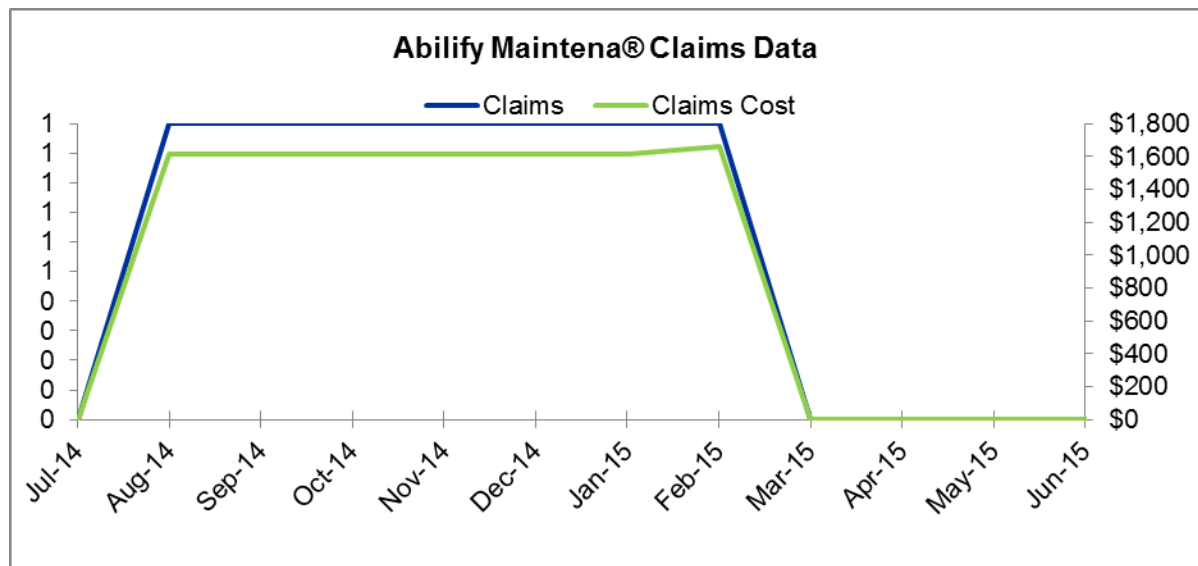
## Abilify® Injectable Trend Summary

**Table 12** shows the number of beneficiaries, claims, claims cost, and average cost per claim for Abilify Maintena® ER (injectable formulation) for SFY 2015.

	Beneficiaries	Claims	Claims Cost	Cost/Claim
Jul-14	0	0	\$0	\$0
Aug-14	1	1	\$1,612	\$1,612
Sep-14	1	1	\$1,612	\$1,612
Oct-14	1	1	\$1,612	\$1,612
Nov-14	1	1	\$1,612	\$1,612
Dec-14	1	1	\$1,612	\$1,612
Jan-15	1	1	\$1,612	\$1,612
Feb-15	1	1	\$1,661	\$1,661
Mar-15	0	0	\$0	\$0
Apr-15	0	0	\$0	\$0
May-15	0	0	\$0	\$0
Jun-15	0	0	\$0	\$0

**Table 12: Abilify® Injectable Trend Summary**

**Figure 11** shows claims cost compared to the number of claims for Abilify Maintena® ER (injectable formulation).



**Figure 11: Abilify Maintena® Claims Cost Compared to Claims**

## Aripiprazole Oral Trend Summary

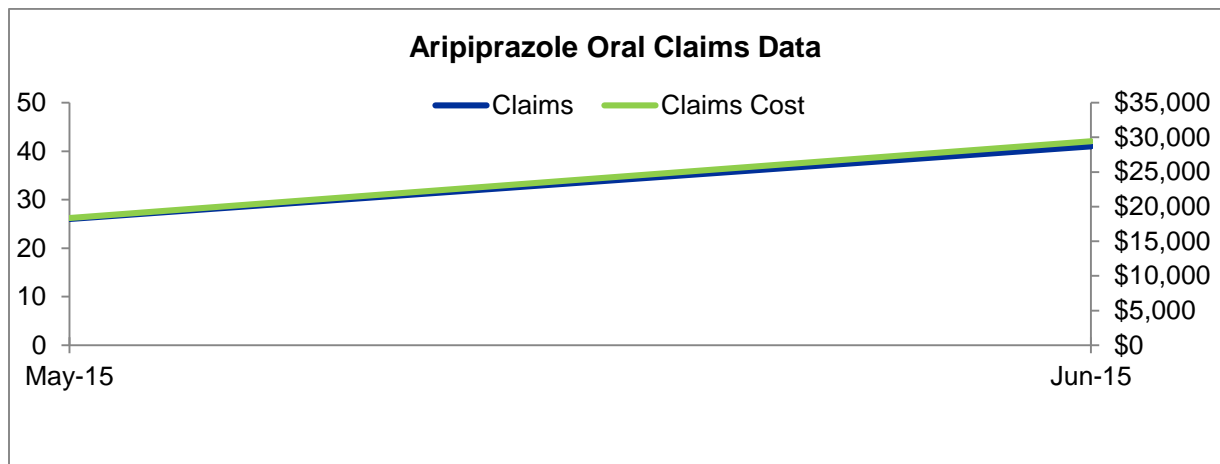
Beginning in May 2015, a generic formulation of the oral formulations of Abilify® became available.

**Table 13** shows the number of beneficiaries, claims, claims cost, and average cost per claim for aripiprazole generic formulations for the last two months of SFY 2015.

	Beneficiaries	Claims	Claims Cost	Cost/Claim
May-15	23	26	\$18,335	\$705
Jun-15	32	41	\$29,431	\$718

**Table 13: Aripiprazole Trend Summary**

**Figure 12** shows claims cost compared to the number of claims for generic aripiprazole products.



**Figure 12: Aripiprazole Claims Cost Compared to Claims**

It is likely that many patients transitioned to the FDA-approved generic formulation of Abilify® once it became available in May 2015. With an average cost of roughly \$710 per claim, there is a dramatic potential cost savings with the use of the generic alternative. Compared to claims for brand versus generic oral aripiprazole in June 2015, the generic cost savings was 38% with the generic formulation.

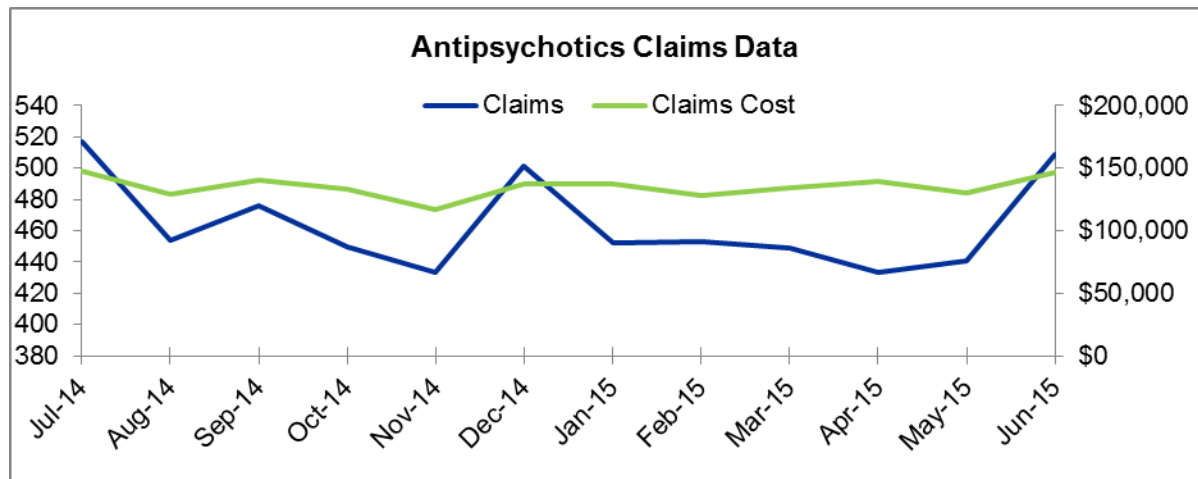
## Antipsychotics Trend Summary

**Table 14** shows the number of beneficiaries, claims, claims cost, and average cost per claim for antipsychotics for SFY 2015.

	Beneficiaries	Claims	Claims Cost	Cost/Claim
Jul-14	224	517	\$147,787	\$286
Aug-14	208	454	\$129,615	\$285
Sep-14	207	476	\$140,127	\$294
Oct-14	211	450	\$133,694	\$297
Nov-14	215	433	\$117,266	\$271
Dec-14	214	501	\$137,729	\$275
Jan-15	202	452	\$137,335	\$304
Feb-15	202	453	\$127,753	\$282
Mar-15	216	449	\$134,385	\$299
Apr-15	208	433	\$139,104	\$321
May-15	206	441	\$130,443	\$296
Jun-15	229	509	\$146,260	\$287

**Table 14: Antipsychotic Agents Trend Summary**

**Figure 13** shows claims cost compared to the number of claims for antipsychotics.



**Figure 13: Antipsychotics Claims Cost Compared to Claims**

Antipsychotic utilization and expenditures remained fairly steady throughout SFY 2015, increasing slightly from SFY 2014. Historically, antipsychotic agents have made up a large portion of the FFS expenditures and utilization.

## Conclusion

During SFY 2015, overall utilization and expenditures decreased slightly for the FFS population. In January 2013, the majority of the FFS beneficiaries were moved to one of three MCOs, shifting the majority of the utilization and expenditures to the KanCare program. The majority of the remaining FFS beneficiaries fall into one of three programs: ADAPD, TXIX, and MKN. The ADAPD beneficiaries accounted for over 63% of the total FFS expenditures but only 21% of the total claims paid. This is due to the high cost of antiretroviral therapies, with an average cost per claim of \$700.

During SFY 2015, there were no significant changes in the antipsychotic expenditures or utilization trends, but they continued to be the second top therapeutic drug class based on number of claims and claims cost behind antiretroviral agents. This trend may change with the transition to generic, multi-source antipsychotics that will come to market in SFY 2016.

**Table 15** shows the FFS claims cost, number of claims, and average members per month for the past seven years.

Period Covered	Claims Cost	Claims	Average Cost/Claim
SFY 2015	\$9,911,032	47,098	\$210.43
SFY 2014	\$14,678,118	52,343	\$280.42
SFY 2013	\$90,994,439	1,110,050	\$81.97
SFY 2012	\$176,615,977	2,156,498	\$81.90
SFY 2011	\$172,298,691	2,177,286	\$79.13
SFY 2010	\$161,952,882	2,098,289	\$77.18
SFY 2009	\$175,149,636	2,040,759	\$85.83

**Table 15: Past Years' Totals**

## Appendix A – Drugs by Class\*

### Angiotensin-Converting Enzyme Inhibitors

Benazepril  
Enalapril  
Lisinopril  
Lisinopril/Hydrochlorothiazide  
Quinapril

### Anticholinergic Agents (CNS)

Benztropine  
Trihexyphenidyl

### Anticoagulants

Dabigatran  
Enoxaparin  
Heparin (porcine)  
Rivaroxaban

### Anticonvulsants, Misc.

Carbamazepine  
Divalproex  
Gabapentin  
Lacosamide  
Lamotrigine  
Levetiracetam  
Oxcarbazepine  
Pregabalin  
Topiramate  
Valproic Acid  
Zonisamide

### Antidepressants

Amitriptyline  
Bupropion  
Citalopram  
Clomipramine  
Desipramine  
Desvenlafaxine  
Doxepin  
Duloxetine  
Escitalopram  
Fluoxetine  
Fluvoxamine  
Imipramine  
Levomilnacipran  
Mirtazapine  
Nortriptyline  
Olanzapine/Fluoxetine  
Paroxetine  
Perphenazine/Amitriptyline  
Sertraline  
Trazodone  
Venlafaxine  
Vilazodone

### Antiemetics, Miscellaneous

Dronabinol  
Scopolamine

### Antimuscarinics

Darifenacin  
Fesoterodine  
Oxybutynin  
Solifenacin  
Tolterodine

### Antimuscarinics/ Antispasmodics

Dicyclomine  
Ipratropium  
Ipratropium/Albuterol  
Methscopolamine  
Tiotropium

### Antineoplastic Agents

Anastrozole  
Everolimus  
Hydroxyurea  
Mercaptopurine  
Megestrol  
Methotrexate  
Tamoxifen

### Antipsychotic Agents

Aripiprazole  
Asenapine  
Chlorpromazine  
Clozapine  
Fluphenazine  
Haloperidol  
Iloperidone  
Loxapine  
Lurasidone  
Olanzapine  
Paliperidone  
Perphenazine  
Quetiapine  
Risperidone  
Thioridazine  
Thiothixene  
Trifluoperazine  
Ziprasidone

### Antiretrovirals

Abacavir  
Abacavir/Lamivudine  
Abacavir/Dolutegravir/  
Lamivudine  
Abacavir/Lamivudine/Zidovudine

Atazanavir  
Atazanavir/Cobicistat  
Cobicistat/Elvitegravir/Emtricitabine/Tenofovir  
Darunavir  
Darunavir/Cobicistat  
Didanosine  
Dolutegravir  
Efavirenz  
Efavirenz/Emtricitabine/Tenofovir  
Emtricitabine  
Emtricitabine/Tenofovir  
Emtricitabine/Rilpivirine/Tenofovir  
Enfuvirtide  
Etravirine  
Fosamprenavir  
Indinavir  
Lamivudine  
Lamivudine/Zidovudine  
Lopinavir/Ritonavir  
Nelfinavir  
Nevirapine  
Raltegravir  
Rilpivirine  
Ritonavir  
Saquinavir  
Tenofovir  
Tipranavir  
Zidovudine

### Azoles

Fluconazole  
Itraconazole

### Benzodiazepines (Anticonvulsants)

Clobazam  
Clonazepam

### Benzodiazepines (Anxiolytic, Sedatives & Hypnotics)

Alprazolam  
Clorazepate  
Diazepam  
Lorazepam  
Temazepam

### Beta-Adrenergic Blocking Agents

Atenolol  
Atenolol/Chlorthalidone  
Bisoprolol  
Bisoprolol/Hydrochlorothiazide  
Carvedilol

Labetalol  
Metoprolol  
Nebivolol  
Propranolol  
Sotalol

### **Biguanides**

Metformin

### **Cathartics and Laxatives**

Bisacodyl  
Docusate  
Glycerin  
Lubiprostone  
Magnesium Hydroxide  
Methylcellulose  
Peg 3350  
Polyethylene Glycol 3350  
Psyllium  
Sennosides  
Sennosides/Docusate

### **Cholesterol Absorption**

#### **Inhibitors**

Ezetimibe  
Ezetimibe/Simvastatin

### **Corticosteroids (Respiratory Tract)**

Beclomethasone  
Budesonide  
Budesonide/Formoterol  
Fluticasone  
Fluticasone/Salmeterol  
Mometasone/Formoterol

### **Dipeptidyl Peptidase-4 (DDP-4) Inhibitors**

Linagliptin  
Saxagliptin  
Sitagliptin

### **Disease-Modifying Antirheumatic Agents**

Adalimumab

### **HCV Antivirals**

Ledipasvir/Sofosbuvir

### **HMG-CoA Reductase**

#### **Inhibitors**

Atorvastatin  
Lovastatin  
Pravastatin  
Rosuvastatin  
Simvastatin

### **Immunomodulatory Agents**

Glatiramer

### **Insulins**

Insulin Aspart  
Insulin Aspart Protamine/Aspart  
Insulin Detemir  
Insulin Glargine  
Insulin Lispro  
Insulin NPH  
Insulin NPH/Regular  
Insulin Regular

### **Interferons**

Peginterferon Alfa-2A

### **Loop Diuretics**

Bumetanide  
Furosemide  
Torsemide

### **Macrolides**

Azithromycin  
Clarithromycin  
Erythromycin

### **Nonsteroidal Anti-Inflammatory Agents**

Aspirin  
Aspirin/Acetaminophen/Caffeine  
Celecoxib  
Diclofenac  
Diflunisal  
Etodolac  
Ibuprofen  
Indomethacin

Ketoprofen  
Meloxicam  
Nabumetone  
Naproxen  
Piroxicam  
Sulindac

### **Nucleosides & Nucleotides**

Acyclovir  
Famciclovir  
Ribavirin  
Valacyclovir  
Valganciclovir

### **Opiate Agonists**

Codeine/Acetaminophen  
Fentanyl  
Hydrocodone/Acetaminophen  
Hydrocodone/Ibuprofen  
Hydromorphone  
Morphine  
Oxycodone  
Oxycodone/Acetaminophen  
Tramadol

### **Proton-Pump Inhibitors**

Esomeprazole  
Lansoprazole  
Omeprazole  
Pantoprazole

### **Second Generation**

#### **Antihistamines**

Cetirizine  
Loratadine

### **Sulfonamides (Systemic)**

Sulfadiazine  
Sulfamethoxazole/Trimethoprim  
Sulfasalazine

### **Thyroid Agents**

Levothyroxine  
Liothyronine

\* This list only includes agents with claims during SFY 2015.